South Carolina Department of Health and Human Services

Medical Care Advisory Committee (MCAC)
July 16, 2013

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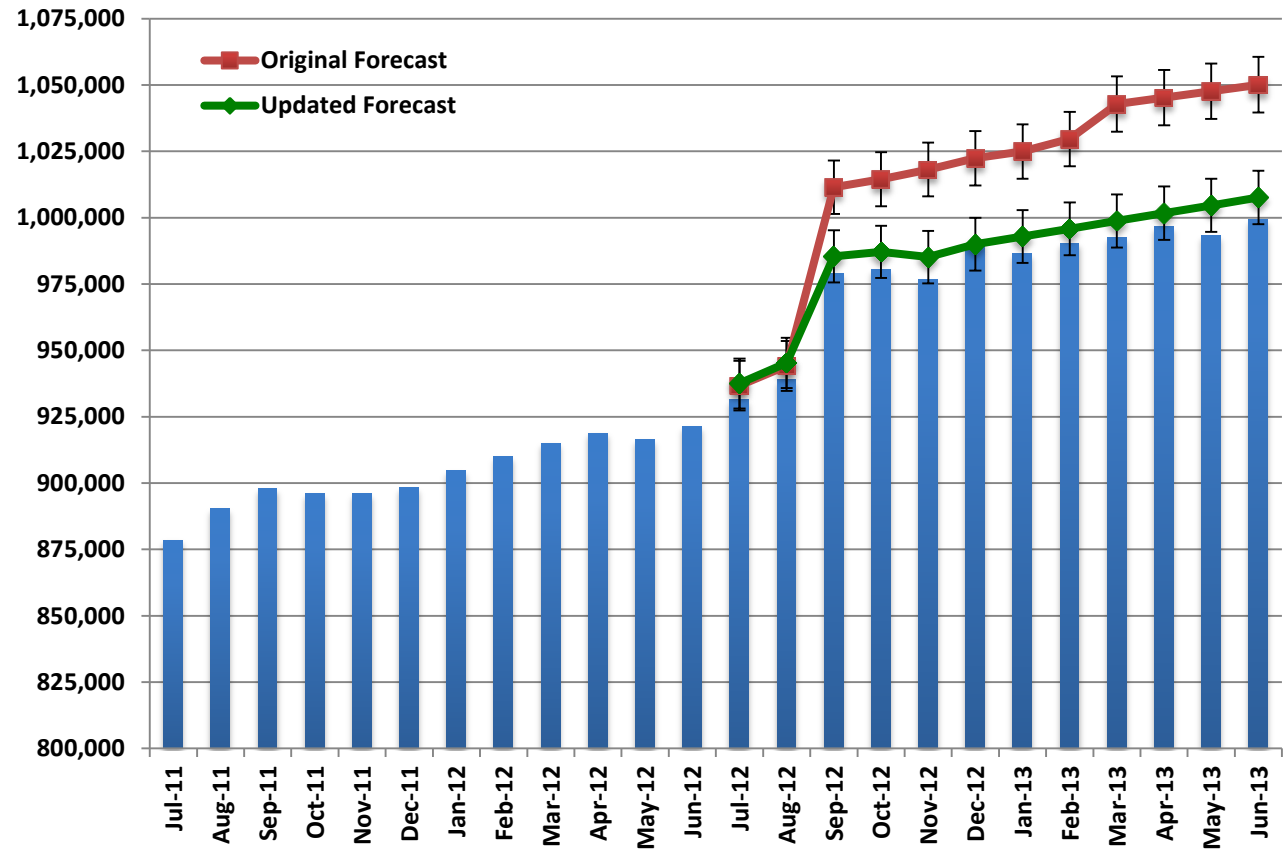
Trends in Medicaid Enrollment

South Carolina Health & Human Services



Source: MMIS, most recent three months are preliminary enrollment data. Updated projections from Milliman are based on data through January 2012 and the preliminary data from April to June 2013.

FY 2013 preliminary June 2013 enrollment is 999,339.

Enrollment growth was 77,940 (92,538 ELE kids). Without ELE, enrollment decreased by 14,598 or 1.6%.

FY 2013 preliminary member months are 11,754,437, 3.7% under original projection and 0.6% under updated projection.

FY 2013 trends consistent with other states – generally flat.

FY 2014 enrollment projection is 1,030,495 (31,156 or 3.1%) without ACA impact with 12,221,731 member months.

Projected ACA impact of an additional 169,000 eligible but unenrolled members with 13,237,687 member months.

Eligibility SPAs/Updates

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- **SPAs and Other Changes**
  - 27 Separate SPAs (7 groupings from CMS)
    - Majority are based on CMS templates some are Not Applicable (N/A)
  - Formalizes the State's plans on eligibility related changes including
    - MAGI conversion (mixed model)
    - Populations below 133% FPL (expansion)
    - Use of streamlined application
    - Handling of appeals
    - FFM (exchange) type – assessment
    - Handling of hospital presumptive eligibility

Eligibility SPA Outstanding Items

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- **Awaiting Guidance from CMS**
  - SIPP data for non IV-E Adoption Assistance beneficiaries
  - Implementation guides for the CHIP SPA
- **Remaining Analysis and Decisions**
  - Coverage for out-of-state Foster Care Children
  - Income calculations for monthly or projected annual amounts
  - Allowing prorated or predicted increase/decrease of certain incomes
  - 12-month continuous eligibility for adults and potential changes to Transitional Medicaid Assistant (TMA)

Edit Correction Form (ECF) Phase-Out

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- **Current Process**
  - DHHS generates ECFs for rejected claims
  - Providers are able to re-submit claims with corrections, additional information
  - Current process is a holdover from primarily paper-driven claims processes
- **Reasons to Phase-Out ECFs**
  - ECFs are not tracked in MMIS or any other system, results in delayed processing, re-submittals
  - ECFs will not be supported in MMIS replacement and/or future systems
  - ECFs (or ECF-like) processes are not practiced by most (possibly all) other payors in SC and in Medicaid programs

Edit Correction Form (ECF) Phase-Out

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- **Planned Transition**
  - Earliest phase-out will be October 1, 2013 for newly created ECFs and December 31, 2013 to submit any outstanding ECFs
    - May adjust based on provider input
  - Providers will be required to submit a new claim for rejected claims – this approach is standard insurance industry practice
  - Current processes where ECFs are central to handling corrections, additional information, and documentation are being analyzed
  - Provider/stakeholder input being collected
  - New processes are being developed and provider communications, training/education are being planned

Expected Benefits

- **Improved communication regarding claims status**
- **Faster claims status responses**
- **Eliminates need for duplication of effort and re-submittals**
- **Ensure claim status is accurate and up-to-date as well as available 24/7**
- **Reduces paper and manual processing/handling**

Provider Operations Updates

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- Primary Care Rate Increase
  - CMS Approval for SPAs Received
  - Payment Starting
    - MCO Payments for eligible encounters from January to March 2013 will be paid July 19th (~$6M)
    - FFS Payments for claims processed on or after July 17th will be made starting next week (check date, July 26th)
    - FFS Gross Adjustment (for claims submitted prior to July 15th) will be made on August 16th
- Provider Service Center (PSC) Customer Service Improvements
  - Started ticketing system for follow-up and resolution (June 1st)
  - Tracking initial contact to final resolution
  - Improved escalation to DHHS staff